

Date 日期：\_\_\_\_\_

## CONSENT FOR RELEASING MEDICAL INFORMATION

I hereby authorize your medical practice, its medical and nursing personnel to give full particulars of this medical consultation (and the subsequent follow-up consultations), including prior medical history, to my employer / the company or its representatives, who sent me for these medical consultations.

I understand that a copy of the medical reports about these medical consultations will be past to my employer / the company or its representatives, who sent me for these medical consultations.

A copy of this authorization shall be valid as the original.

Witness's Signature ( \_\_\_\_\_ ) Patient's Signature ( \_\_\_\_\_ )

Witness's Name ( \_\_\_\_\_ ) Patient's Name ( \_\_\_\_\_ )

## 提供醫療資料同意書

本人謹授權 貴醫務所及其醫護人員，將一切有關本人是次，及是次以後的覆診，接受診治之部份或全部紀錄及醫療往歷，提供予派本人來此接受診治之僱主/公司或其代表。

本人亦明白及同意是次接受診治的報告將會交予派本人來此接受診治之僱主/公司或其代表。

本人明白此授權書之影印本與正本功能無異。

見證人簽名 ( \_\_\_\_\_ ) 病人簽名 ( \_\_\_\_\_ )

見證人姓名 ( \_\_\_\_\_ ) 病人姓名 ( \_\_\_\_\_ )